

ST. JOSEPH CATHOLIC CHURCH

629 Clay Street
North Vernon, Indiana 47265
Phone: (812) 364-3604
Fax: (812) 346-3506

Automatic Debit Authorization Form for Sunday Collections

(Check all that apply)

- New Enrollment** **Name/Address Change** **Change Withdrawal Amount**
 Change Frequency **Stop Payment** **Change Account Information**

St. Joseph Catholic Church will electronically debit funds from your account according to the following terms:

Account Holder's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Collection Envelope#** _____

Account Holder's email address for confirmation notices _____

Amount per withdrawal for Sunday Collections: _____

Frequency: (Circle one) **Weekly** **Monthly** **Quarterly** **Annually**

Date to begin withdrawals: _____ (Weekly debits will be on Friday. Monthly debits will be the first Friday of the month. Quarterly debits will be the first Friday of January, April, July, and October. Annual debits on date specified.)

Name of Bank: _____

Bank Branch Location: _____

Type of Bank Account: (Circle one) *City* *State* *Zip Code*
Checking **Savings**

Bank Routing Number: _____

Please attach a void check for verification of bank checking account.

Bank Account Number: _____

Sample Check Numbering :074908594: 0489555556 0999
Routing # Account# Check#

Said \$ _____ **is to be applied to** _____ **contribution record at St. Joseph Catholic Church based on the frequency rate specified above.**
(Family Envelope #)

I hereby authorize St. Joseph Catholic Church to electronically transfer funds from my account according to the above terms.

(Signature of Account Holder)

(Date)

An electronic transfer deemed non-sufficient will be re-presented to your financial institution for its face value. The account holder will be responsible for non-sufficient charges regulated by your bank.

Please return completed form to parish office.